

Current Research in the Seniors Sector: A Summary



United Way
of Calgary and Area

BUILDING STRONGER COMMUNITIES

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WORKING DRAFT

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1.0 INTRODUCTION

The following report contains a summary of research that was provided to the United Way of Calgary and Area (UWCA) by stakeholder organizations working to support seniors in city. The United Way received a wealth of information that is evidence of the extensive work being done in relation to seniors and the overall issue of population aging. Contributions made by the organizations included a range of documents from academic research papers, statistical reports, project findings, program descriptions and strategic plans. The diversity of information presented a challenge to straightforward classification and as such tables were created for each of the key issue areas that contain a summary of the research and a description of current initiatives related to each area.

The information presented in this report is by no means exhaustive. It does however provide an overview of current and emerging issues and initiatives important to seniors living in Calgary and the agencies that service them. It presents information about population aging and the affect of increasing numbers of seniors on these seniors, their communities and the services intended to support them. The report helps to identify gaps in research and begins to flag areas that may deserve further investigation. It provides a preliminary map of services that can be built upon to create a complete picture of the seniors serving system in Calgary. The information presented in the report is intended to support dialogue and collective planning among seniors and senior serving agencies in the Calgary area.

2.0 DEMOGRAPHIC SHIFTS

Population aging is a world wide phenomenon that is being driven primarily by the aging of the baby boom generation (people born between 1946 and 1965), decreasing fertility rates, and increasing life expectancy. In 2006, 10.7 % of Alberta's population was over 65, the lowest percentage of seniors in Canada. However, the rate of growth of the seniors' population in Alberta is expected to accelerate rapidly after 2011 when the first of the baby boomers turns 65. It is estimated that between 2011 and 2021, the number of seniors will increase from approximately 410,000 to 627,200. In that time, the percentage of seniors in Alberta's overall population will increase from approximately 12 to 16 percent. By 2031, it is projected that there will be more than 880,000 seniors in Alberta, or about one in five Albertans¹. In Calgary in 2007, 9.4% of the population was seniors (about 1 in 11 people). In 2026, 15.6% will be seniors or about 1 in 6 people. Between 2008 and 2012, the total population of seniors in Calgary will increase by about 15.9%².

This new group of seniors (the baby boom generation) will be more technologically skilled, more highly educated, more accustomed to taking financial risks. It will include more women who have participated in the formal workforce and who have acquired independent savings. At the same time there are likely to be more people living with disabilities due to age and an increased number of older adults living in low income households. There will be more seniors in urban areas and these seniors will be older.

The seniors population in Alberta can be divided into three groups: young seniors (65-74); middle seniors (75-84); and older seniors (85+). Each cohort has different economic issues and social and leisure needs. There is also great diversity within each cohort. The 65-74 year olds are more politically and socially influential and tend to have higher levels of income, savings and expenditure. Those 75+ are more economically vulnerable, tending to have the lowest household incomes and the highest instances of poor health³.

In Alberta, the majority of seniors live in private housing and would like to stay there. In 2001, 67% of seniors in Alberta lived in homes that they owned and 88% had no mortgage. Twenty-two percent rented homes; 7% were in provincial housing programs for seniors; and 4% lived in long term care facilities⁴.

Approximately 13% of Calgary's seniors 75 and older live with relatives. Immigrant seniors from countries other than the United States or Britain are 3 time more likely to live with relatives than other seniors. Approximately 15% of Calgary's seniors are "somewhat concerned" about having enough money for housing. Six percent are "very concerned"⁵. However, there has been a steady downward trend of seniors living in low income situations across Canada since the early 1980s. Between 1980 and 2003 the share of seniors below the Low Income Cut Off after taxes (LICO-AT) declined from 21.3% to 6.8%. The incidence of low income continues to be highest among senior women living alone⁶.

The overall health of seniors is improving in many respects. In 2004, 78% of Alberta's seniors reported that they were in excellent, very good, or good health⁷. The prevalence of chronic diseases has somewhat declined since the 1970s with lower incidence of heart disease, hypertension and arthritis⁸. Canadians over the age of 65 with higher levels of education report higher levels of self perceived health. Fifty-eight percent of 65-74 year olds with a university degree reported excellent or very good health compared with 30% of seniors with less than a high school education⁹. In Alberta, the majority of seniors do not need assistance to perform the activities of daily living (ADLs) such as bathing, dressing, getting to and using the toilet, eating and walking.

In Calgary, 10% of people over 65 and 40% of those over 85 have some type of dementia. About half of these people with dementia live in the community with family caregivers. At the same time, approximately 70% of all residents in Calgary's continuing care centres have been diagnosed with dementia. Older

adults consume a much larger portion of health care service than other age cohorts and these demands will increase as the population continues to age¹⁰.

According to Statistics Canada, 34 percent of Alberta's seniors participated in some form of volunteer work in 2004. This was slightly higher than the national average for seniors of 32 %. Although fewer Alberta seniors volunteered compared to other Albertans (34 percent of seniors versus 49 percent of Alberta residents), seniors contributed more hours on average (254 hours per year versus 166 hours per year)¹¹.

The vast majority (55%) of senior immigrants arrived in Canada when they were less than 34 years old and as such have been here for more than three decades. Only nine percent of senior immigrants have arrived since 1991 and seniors account for a very small share of the total new immigrant population in Canada. In 2001, visible minority seniors were 14.6% of Calgary's total seniors' population. The first language of 30% of seniors was neither English nor French, although 96% of seniors can converse in English¹².

In Canada in 2001, only 4% of Aboriginal people and 3% of the Inuit were 65 or older. Aboriginal seniors made up only 1% of Canada's total seniors population. About half of all Aboriginal seniors in Canada lived on a reserve. Unemployment rates among Aboriginal seniors are double that of non-Aboriginal seniors (13% compared to 5%). Most employed Aboriginal seniors work part time or part of the year. Income levels are also lower. The majority of off reserve Aboriginal seniors reported receiving some sort of social supports. In 2001, about 9% of all Aboriginal seniors were living in overcrowded and sub-standard homes. Health status is lower than in general population with 70% of off reserve Aboriginal seniors reporting disabilities. In Alberta, Aboriginal seniors account for 1.4% of the total seniors' population¹³.

3.0 POLICY DEVELOPMENTS*

3.1 Federal

The federal budget in 2005 provided \$13 million over five years for a National Seniors' Council to serve as a focal point for collaborative efforts to address the new challenges facing seniors. The Council was established in March 2007 and is mandated to work with seniors' organizations on an ongoing basis, conducting research, developing seniors' related policy, and promoting better coordination of government programs and services that matter to seniors. The

* The section on policy developments is by no means an exhaustive description of government led initiatives but rather a summary of information contained in the documents provided by stakeholder organizations to the United Way.

Council has identified two initial priorities: raising awareness of elder abuse and understanding the factors that lead to pockets of low income seniors among unattached seniors, particularly women. The Council advises the Federal Government through the Minister of Human Resources and Social Development and the Minister of Health.

The federal Senate also established a Special Senate Committee on Aging in 2007 that is mandated to examine the issue of aging in Canadian society in relation to a number of areas (promoting active living and well being; housing and transportation needs; financial security; abuse and neglect, health care needs, etc.) The Committee completed its first interim report in March 2007. This report includes a summary of evidence and identification of policy questions generated by the information collected. A second interim report *Issues and Options for an Aging Population* was completed in March of 2008[†].

The New Horizons for Seniors Program was initiated last year and provides \$25,000 grants to non-profit organizations for projects that encourage seniors' involvement and help to reduce isolation. It also provides contribution funding up to \$250,000 for national or regional projects that raise awareness of the abuse of older adults.

Finally, in its budget for 2008, the Government of Canada announced funding of \$13 million over three years to help raise awareness of elder abuse and help in providing support in communities across Canada. This budget also included \$60 million per year to ensure that low income seniors who work can realize greater benefits from their earnings through an increase in the Guaranteed Income Supplement exemption.

3.2 Provincial

The Healthy Aging Partnership Initiative Program was approved by the Government of Alberta, in September 2001, to fund additional supportive housing projects for low and moderate-income senior citizens. An amount of \$20 million in targeted one-time capital funding was approved for the 2001-2002 fiscal year.

Enhancements to the Alberta Seniors Benefit Program were announced in August 2004, resulting in an additional 17,000 seniors being eligible to receive a monthly cash benefit, while current beneficiaries will receive an increase of at least \$60 per year. Other changes include enhanced optical and dental assistance, the elimination of health insurance premiums for seniors, and assistance with education property taxes.

[†] The findings from this second report have not been included in this summary but may be important to review as part of collective planning efforts by organizations in Calgary and across Alberta.

In 2005, the Alberta Government announced increased funding to help provide safe places for seniors leaving abusive situations, resulting in an additional \$455,000 to seniors' safe houses in Edmonton and Calgary for operating costs such as property maintenance, food, supplies and counselling services. An additional \$6 million in grants for the Lodge Assistance Program was announced in the same year to help minimize cost increases to approximately 7,700 low and moderate-income seniors living in lodges, while ensuring lodge operators can continue to provide quality, affordable housing.

In addition, the Seniors Advisory Council for Alberta is responsible for advising and making recommendations to the province on matters relating to Alberta's seniors. It is a government appointed body that reports through the Minister of Seniors and Community Supports.

Following the recent elections Alberta's government renewed Ministerial mandates to achieve the government's priorities over the next 2 years. The new mandate for Seniors and Community Supports includes the following:

- Work with the Minister of Health and Wellness to increase access to quality health care and improve the efficiency and effectiveness of health care service delivery.
- Take the lead in the improvement of quality, supply and client choice in the continuing care system.
- Take the lead in supporting persons with disabilities' independence and self-reliance by providing increased employability incentives, including an increase in the amount that can be earned by Assured Income for the Severely Handicapped (AISH) recipients from \$1000 to \$1500.

Housing and Urban Affairs is expected to take the lead to:

- Develop 11,000 affordable housing units by 2012
- Develop a 10-Year Plan to address homelessness
- Help Albertans stay in their homes through the rent supplement program and the Homelessness and Eviction Prevention Fund
- Make additional public land available for affordable housing purposes.

There are also currently discussions about the creation of an Independent Seniors Advocate (ISA) as an officer of the Legislative Assembly[‡].

3.3 Municipal Programs

The Seniors Services Division (SSD) is jointly funded by the Family and Community Support Services (FCSS), Alberta Employment and Immigration (AEI) and the City of Calgary. The SSD works collaboratively with the City of Calgary

[‡] A fuller description of the ISA is provided in Section 13 of this report.

(Corporate), the Community and Neighborhood Services (CNS) and community service providers and partners to provide an integrated approach to the development and implementation of Seniors' programs and services in Calgary.

The SSD is currently comprised of the following four work units:

- ❖ Seniors Social Development provides a community development approach to working with partners, both Corporate and community, to address issues affecting seniors.
- ❖ The Property Tax Assistance Program provides residential property tax support to low income senior and non-senior homeowners, as well as outreach and referral services to assist senior citizens to access a range of community programs and services.
- ❖ The City Links Program provides home maintenance services free of charge to low income seniors. City Links also provides a safe and supportive environment for the men and women who are workers in the program and who face employment barriers.
- ❖ Community Initiatives assists communities to develop innovative community solutions to meet the growing demand for home maintenance services for seniors.

These units, individually and in partnership with each other and other community groups, are responsible for the provision of a range of programs and services to meet the needs of seniors and their families in Calgary.

CURRENT RESEARCH RELATED TO KEY ISSUES: SUMMARY TABLES

4.0 HOUSING

Summary of Research	Current Initiatives and Agencies Involved
<p>Calgary and Region Socio-Economic Outlook 2005-2010¹⁴</p> <ul style="list-style-type: none"> - The ongoing lack of affordable housing is one of the critical issues for seniors, as the cost of housing, especially utilities, is rising faster than incomes - Many seniors are also living in older homes, many of which have inferior insulation, resulting in higher heating costs. In order to reduce heating costs, many seniors also reduce the heat in their homes with resulting health impacts - Seniors with mental health issues have an even greater challenge as this population is often not accepted in regular seniors' affordable housing facilities <p>MCF Market Research Data Compilation Project¹⁵</p> <ul style="list-style-type: none"> - Rapidly growing demand for all types of seniors' housing - Increasing desire to "age in place" in current accommodation - Largest consumer of current supportive living services provided by MCF is women over 85 years - These clients have fewer family supports and greater incidence of cognitive impairment over time - Older seniors (+85) are disadvantaged relative to younger seniors (65-84). These younger seniors have better health status, more income and wealth. These younger seniors are more likely to look at housing options that enable them to stay in their own homes - Two person senior households are growing. Couples are tending to stay in their homes longer and are willing to pay for the services that make this possible - In-home supports will keep seniors in their homes longer - CHR, through home care, intends to support additional in-home support services as a means to divert demand equivalent to 400 long term care center beds <i>each</i> year - Seniors' housing is not equitably distributed across the city. Most is 	<p>Seniors Housing Directory</p> <p>An annual directory prepared by the Kerby Centre to assist seniors in the search for accommodation.</p> <ul style="list-style-type: none"> - Funded in part by Alberta Seniors and Community Support - Provides explanations of the different types of housing options, lists housing projects with brief descriptions and resources to help in the search <p>Metropolitan Calgary Foundation - Housing for Seniors</p> <ul style="list-style-type: none"> - Single largest provider of subsidized seniors' housing in Calgary - Owns and operates a range of both independent and supportive housing projects throughout the city <p>Elder Friendly Communities Project</p> <p>A collaboration between the City, CHR, FCSS and the U of C Faculty of Social Work.</p> <ul style="list-style-type: none"> - Involved a pilot initiative focused on aging in place in four Calgary communities (Haysboro, Acadia, Marlborough and Marlborough Park, Varsity) - Learnings from the first pilot are currently being implemented in a demonstration project in 4 other communities in Calgary (Temple, Whitehorn, Rundle, Pineridge) <p>Seniors Home Assistance Action Committee</p> <ul style="list-style-type: none"> - A broad group of community members are working together to improve access to home maintenance programs for seniors.

Summary of Research	Current Initiatives and Agencies Involved
<p>concentrated in the Centre sector. Project development in older communities across the city should be considered to meet the expressed desire of seniors to stay in their own communities</p> <ul style="list-style-type: none"> - Smaller, more widely distributed housing options will be more effective in meeting the needs of younger seniors. These may be less cost effective than the larger campus style developments but more likely to meet emerging seniors' market demand - The disparity between rich and poor seniors is growing - 8% of seniors' households are at very high risk of homelessness. This population will present significant housing challenges because many have mental health and/or addictions issues <p>Survey on Seniors Decision to Relocate (2007)¹⁶</p> <ul style="list-style-type: none"> - Study conducted to gain insight into why seniors move from their homes - Approximately one in ten seniors moved in the past 2 years and about 9% of seniors plan to move in the next 12 months. - Seniors moved in the past 2 years because of need for a smaller residence and poor health - Seniors plan to move in the next 12months because of difficulty paying costs of living in their residence; home maintenance had become too challenging; and many wanted a smaller residence - Findings from the study suggest that the cost of living, particularly housing costs are becoming increasingly problematic for seniors. Utility costs are the most problematic, followed by property taxes. Increasing costs are leading some seniors (about 10%) to consider relocation from their homes - Majority of respondents stated that some sort of financial support (increased personal income, housing cost decreases or government assistance would help them to stay in their current location <p>Elder Friendly Communities Project (2001)¹⁷</p> <ul style="list-style-type: none"> - The vast majority of seniors want to stay in their homes or in their communities, to "age in place" - Most seniors cited the inability to access or pay for appropriate services (maintenance, snow shovelling, yard care) as an important barrier to their ability to stay in their homes 	<ul style="list-style-type: none"> - There are 3 working groups: communication, to look at ways to inform seniors of services; research, looking at practices across the country; advocacy, working to make changes to home maintenance funding programs <p>BowMont All Season Service fro Seniors (BASS)</p> <ul style="list-style-type: none"> - Community collaborative funded by the United Way. - Provides snow removal and yard care to seniors. Had 60 snow removal and 55 yard care clients in 2007 <p>Calgary Chinese Elderly Citizen's Association (CCECA): Low Income Seniors Home Safety Assessment Program</p> <ul style="list-style-type: none"> - Since 2006, the City has been working with CCECA to create a home safety assessment program for low-income Chinese seniors. A pilot began in April 2007 with volunteers conducting 80 home assessments <p>City Links - Community Home Assistance Maintenance Program for Seniors (CHAMPS)</p> <ul style="list-style-type: none"> - City Links provides basic home maintenance services to low-income seniors. However, there are extremely long waiting lists for snow removal and yard work services - City Links also provide staff to support seniors to access provincial and other funding to maintain their homes <p>Property Tax Assistance Program</p> <p>A City program that provides financial assistance to low-income seniors who are experiencing financial hardship as a result of increases in their residential property taxes</p>

Summary of Research	Current Initiatives and Agencies Involved
<ul style="list-style-type: none"> - Rising utility costs were also an important barrier - There is an inadequate supply of affordable housing options for seniors - In 2003, seniors' subsidized housing had a waiting list of +600 households; subsidized assisted living accommodation for seniors had a waitlist of 950 individuals (equals a waiting period of up to 5 years for some individuals) - If health issues make it necessary for seniors to relocate to a continuing care facility or a seniors' residence most indicate a strong desire to stay in their current community - Multi-level care facilities could reduce the negative impacts of having to relocate from their own homes <p>Lifetime Homes¹⁸</p> <ul style="list-style-type: none"> - A concept pioneered by Habinteg Housing Association (UK) a lifetime home has 16 key features that help to ensure an accessible, easily adaptable, age-friendly home - These features could become a building standard and incorporated into new mainstream housing projects. Houses meeting this standard would provide a high quality home environment that enables residents to remain at home for as long as possible regardless of their physical abilities 	<p>Home Help Coordinating Committee (HHCC)</p> <ul style="list-style-type: none"> - Comprised of FCSS, the City - Seniors Services Division, Hillhurst Sunnyside Community Association, Greater Forest Lawn Seniors, Bow Cliff Seniors Association and Ogden House Seniors - HHCC is working to prepare a shared logic model with common outcomes among members so as to generate a report that would demonstrate the benefits from these programs in terms of aging in place <p>Senior Housing Assistance Repairing Essentials (SHARE)</p> <ul style="list-style-type: none"> - Program to address safety related issues in low-income seniors' homes by providing one-time funding for repair or replacing items that are not covered under other government funding programs. By 2007, the program had helped 69 seniors to access \$30,000 worth of labour costs and repairs <p>Other federal and provincial programs that seniors can access for support in housing maintenance are:</p> <ul style="list-style-type: none"> - Special Needs Assistance for Seniors (SNAFS) (Provincial) - Home Adaptations for Seniors Independence (HASI) - Residential Access Modification Program (RAMP) - Residential Rehabilitation Assistance Program (RRAP) - Canada Mortgage and Housing Corporation handles most of the Federal housing and maintenance programs for seniors

5.0 TRANSPORTATION & MOBILITY

Summary of Research	Current Initiatives and Agencies Involved
<p>Calgary and Region Socio-Economic Outlook 2005-2010</p> <ul style="list-style-type: none"> - For seniors unable to use Calgary Transit, Access Calgary is the main alternative. Demand for Access Calgary services has increased at a greater rate than resources, resulting in service delivery challenges - As an alternative to Access Calgary other service providers such as the Kerby Centre and Calgary Seniors Resource Society provide transportation services operated with the use of volunteer drivers. However, these agencies are finding it increasingly difficult to provide this service as it has become more difficult to recruit volunteer drivers, while the costs of providing the service (e.g. gas and insurance) have increased. Many agencies and volunteers have a growing concern about liability - These issues are also affecting Meals on Wheels which also relies on volunteer drivers for delivery - If the above services are reduced this will put increased pressure on Access Calgary at the same time that Access Calgary is challenged to find volunteer drivers <p>Elder Friendly Communities Project (2001)</p> <ul style="list-style-type: none"> - Public transportation is particularly inaccessible in the winter months - Public transportation is seen to be inconvenient and unreliable. It does not provide appropriate access and is confusing - Seniors who are still driving fear for a significant lose of independence and increased isolation with the loss of their driver's license - Centrally located services and programs are not accessible for seniors who have to use public transportation - There is insufficient information about alternative transportation services 	<ul style="list-style-type: none"> - ElderNET's Transportation Planning Table is looking into how seniors get around Calgary and reviewing strategies in other cities to address the issues that are being identified. Currently working with the Calgary Motor Dealers Association and Calgary Seniors Resource Society to use the dealers' service shuttles at off peak hours to shuttle seniors from their homes to social programs - The Transportation Planning Table has also been working with the U of C to conduct research to better understand problems related to transportation and seniors. A literature review and focus groups have been completed

6.0 FINANCIAL CONCERNS

Summary of Research	Current Initiatives and Agencies Involved
<p>Elder Friendly Communities Project (2001)</p> <ul style="list-style-type: none"> - The majority of seniors cited concerns about their ability to make ends meet - The main contributing factors included: <ul style="list-style-type: none"> ▪ Out of pocket health expenses for medication and other services not covered by AHC ▪ Costs associated with affordable transportation ▪ Increasing cost of utilities and property taxes ▪ Lack of affordable, accessible housing - These increasing costs are coupled with a perception of eroding benefits. Many seniors cited that they are not aware of, or do not know how to access, financial assistance <p>Calgary and Region Socio-Economic Outlook 2005-2010</p> <ul style="list-style-type: none"> - Seniors' total income has decreased in comparison to a rising consumer price index. - Seniors' ability to purchase goods and services has not kept pace with the cost of those goods and services. - In 2000, 16.4% of all seniors fell below the LICO. For the most vulnerable, unattached seniors, 46.2% were living below the LICO in 2000. (City of Calgary) <p>National Seniors Council Research on Low Income Seniors¹⁹</p> <ul style="list-style-type: none"> - Conducted a review of income and expenditure patterns as well as a review of public pensions, programs and policies. This diagnostic work revealed the following: <ul style="list-style-type: none"> - Since 1980, the proportion of seniors living in low income has declined sharply (from 21.3 percent in 1980 to 6.1 percent in 2004), due in part to Canada's public pensions, which include a Guaranteed Income Supplement for low-income seniors. - Given that more and more women have entered the labour force, improvements are likely to continue into the future for this category of seniors. - Nationally, a relatively small group of seniors living in low income remains. Whether men or women, unattached seniors who have a poor work history (and therefore little workplace pension wealth or personal savings) are at a 	<p>City of Calgary: Property Tax Assistance Program</p> <p>The Property Tax Assistance Program (PTAP) has been providing financial assistance to low income seniors who are experiencing financial hardship as a result of an increase in their residential property taxes. To date the program has received 1185 applications and has approved 895 for financial assistance. This included 532 seniors.</p> <p>The Property Tax Mitigation Social Worker has been able to leverage a total of \$71,489 in grants from the provincial and federal governments for low income seniors for home repairs and/or medical expenses.</p> <p>Provincial Government Programs: In addition to the housing programs listed above, the following are provincial programs to help seniors make ends meet:</p> <ul style="list-style-type: none"> - The Alberta Seniors Benefit program provides support in addition to the federal benefits received under Old Age Security, Guaranteed Income Supplement, Federal Allowance and the GST credit. It is based on income and provides monthly cash benefits to eligible seniors - The Dental Assistance for Seniors program is based on income and provides low- to moderate-income seniors with financial assistance for basic dental services that help maintain a reasonable level of dental health. You could be eligible for up to a maximum of \$5,000 of coverage for eligible procedures every 5 years

- much higher risk of experiencing low income in old age.
- Provinces and territories provide assistance to low-income seniors through income supplements and programs and services that help reduce their expenditures
- The Council will now consider the kind of future work required in this area, bearing in mind jurisdictional considerations

Canadian Private Pension Assets (PPA): Statistics Canada²⁰

This study was conducted in 1999 to generate a comprehensive picture of the net worth of Canadians.

- Found that 71% of all Canadian families had some form of *private* pension assets in 1999, whether employer pension plans (EPP), RRSPs or RRIFs
- The median value of all family unit pension assets for families with the major income recipient aged between 55-64 was \$160,300
- Almost 29% of all families do not have private pension assets
- The findings from the study enables Stats Canada to assess whether Canadians have “saved enough” for retirement, saving enough means that the individual or family will be able to replace a certain percentage of their pre-retirement income or are able to generate an income that is likely to be higher than the LICO
- The study found that family units with higher incomes had more substantial private pension assets and public sector workers have the highest median private pension assets
- Those without private pension assets tend to have low family employment income, are younger, live in the eastern provinces and do not have a University education. Most families with no private pension assets also do not own their home
- The study was able to estimate that in 1999, 33% of family units in Canada with the income earner 55-64 may not, given their current asset situation, have saved enough to stay above LICO in retirement
- Alberta and Ontario have the highest proportion of family units that may not have saved enough for retirement

- The **Education Property Tax Assistance** for Seniors program provides an annual rebate to assist senior homeowners with the year-to-year increases in the education tax portion of their property taxes since 2004
- The **Optical Assistance for Seniors** program is based on income and is for low- to moderate-income Albertans, aged 65 or older. The program contributes up to \$230 every three years for the purchase of prescription eyeglasses
- The **Special Needs Assistance for Seniors** program is based on income and provides financial assistance to eligible lower-income seniors who have financial difficulties. Only one-time extraordinary expenses are funded. This program is considered as funding of last resort. The maximum benefit available is \$5,000 in a benefit year (July 1 to June 30)

Federal Government Programs for Seniors

- Canadian Pension Plan (CPP) and Old Age Security (OSA) and CPP Disability Benefits
- Allowance of survivor program provides income support program for surviving low-income seniors.
- Allowance program provides income support to low-income seniors
- Guaranteed Income Supplement program provides additional money, on top of OSA

7.0 HEALTH & MENTAL HEALTH

Summary of Research	Current Initiatives and Agencies Involved
<p>Calgary Health Region: Strategic Plan for Health Care for Seniors²¹ This five year strategic plan sets out CHR efforts to begin to address the challenge of the Region’s aging population.</p> <ul style="list-style-type: none"> - 9% of the Region’s current population is over 65. This will increase to 11.3 % by 2015 and to 17.4% by 2030 - The number of adults 65+ in the CHR will grow by approximately 25% in the next 7 years (from 104,400 in 2004 to 130,600 in 2011) - Approximately 9% of this population will be diagnosed with dementia. - Older adults consume a much larger portion of health care services than other age cohorts and these demands will increase as the population continues to age - The CHR’s overall vision for aging is that we “will live and work in an age friendly community where all individuals irrespective of their age: <ul style="list-style-type: none"> • Are treated with respect and dignity • Have access to information that supports healthy and responsible choices • Achieve quality of living in the context of their family and community • Achieve quality end of life care - The CHR has identified 12 strategic directions and key initiatives to fulfill this vision. These are thought to align closely with recommendations in the WHO’s Global Age-friendly Cities and the Federal Special Senate Committee on Aging - First Interim Report and focus on the community support and health service aspects of these reports. The 12 strategic directions are: <ul style="list-style-type: none"> • Health Service Planning for Seniors is a Strategic Priority • Seniors Campus in Bridgeland • Healthy Aging/Active Aging • Primary Health Care Services for Seniors • Focus on the Clinical Priorities for the Aging population • Quality end of life care • Innovative, accessible and affordable supportive and facility living capacity • Elder friendly hospital care • Family care giver support 	<p>CHR Strategic Plan for Seniors</p> <ul style="list-style-type: none"> - Draft completed in January 2008 - Based on Global Age-friendly Cities Guidelines - 12 Strategic Directions to improve health care for seniors - Focuses specifically on health care services and does not look directly at the other components of an age-friendly community. - Does not include input from others in seniors serving system. <p>Healthy Living Strategy Group Interdepartmental workgroup within the City of Calgary to communicate and coordinate the City’s healthy living activities, events, resources, tools and messages related to the city-wide GO2 initiative (<i>GO2 is city-wide, active living initiative that promotes the importance and benefits of physical activity</i>).</p> <p>Alberta Centre for Active Living</p> <ul style="list-style-type: none"> - Non-profit organization that conducts research and education to promote active living. - Supports programs to promote activity among older adults in Alberta <p>The Alzheimer’s Society of Calgary An Alzheimer’s disease and related dementias (ARD) planning framework has been prepared by groups in Ontario. This framework guides the efforts of the Calgary Society and emphasizes a relationship-based approach to the provision of care that recognizes the link between all those involved in dementia care. The formulation of policies and service plans should emphasize an</p>

- Transitions
- Skilled and knowledgeable workforce
- Informed and knowledgeable senior client

- Each of the strategic directions has a rationale and key initiatives to achieve the direction
- The plan also includes a summary of the CHR's current specialized services for seniors that is included as Appendix A in this report
- The plan contains **extensive data** about population demographics and health service utilization by the older adult population. Much of this data is broken down by social districts and will be important to support further, more detailed and integrated planning by the seniors serving system

CHR Ten Year Strategic Plan for Healthy Aging²²

Preparation of the plan took place in late 2001 with two teams conducting research and consultations. It became evident from this research that less than 0.50% of the CHR's total operating budget was dedicated to health promotion and disease/injury prevention in older adults.

- The overall vision of the plan is that "Adults are active in promoting and maintaining their health, well-being, and quality of life prior to and during their senior years". The target population for the Healthy Aging Ten-Year Strategic Plan is adults who are 35 years of age and older
- The overall goal is that adults are healthier to a more advanced age
- The four goals outlined in the provincial Healthy Aging Framework became the sub-goals in the regional Healthy Aging strategic planning. Under each of the four sub-goal areas, specific areas of priority were identified
- Under the goal of **promoting health and preventing injury/disease**, regional priority areas are nutrition, active living, tobacco reduction, injury prevention, oral health, mental health, and vaccine-preventable diseases.
- To address the goal of **optimizing physical and cognitive functioning**, the CHR identified physical, cognitive, and sensory functioning, as well as depression, and addictions as priority areas
- To manage **chronic conditions** the priority areas were chronic pain, delivery and utilization of health care services, medication use, self-care practices, alternative/complementary therapies, and end of life care
- Finally to support the goal of **facilitating engagement in life**, social interaction and community involvement were identified as priority areas.
- Detailed plans have been prepared to identify objectives, actions and strategies to address the target areas over the next ten years

informed society; enabling and supportive environments for people with dementia and their caregivers; and personal, social and systems connectedness. The framework identifies 5 enabling mechanisms:

- Government policy, support and adequate resources
- Legislated processes and legal mandate
- Engagement of ADRD and broader community in planning
- Community based partnerships that enable collective wisdom
- Performance based service planning, delivery and evaluation

- The plan is considered a “living document” that will be subject to ongoing review and revision

Seniors in Calgary (2002)²³

- There are significant gaps in the delivery of mental health services for seniors
- Many seniors are not receiving the required assessment, diagnosis and ongoing care that they require to meet their mental health needs.
- Geriatric mental health services are in short supply and not well integrated across the continuum of care
- Mental health services are also underutilized by older adults which is a reflection of the stigma associated with mental illness.
- In Calgary, 10% of people over 65 and 40% of those over 85 have some type of dementia
- 70% of all residents in Calgary’s continuing care centres have been diagnosed with dementia
- About half of older people with dementia live in the community with family caregivers

8.0 PUBLIC ATTITUDES, AGEISM & ISOLATION

Summary of Research	Current Initiatives and Agencies Involved
<p>Elder Friendly Communities Project (2001)</p> <ul style="list-style-type: none"> - Many seniors in Calgary expressed their desire to be valued and respected as they age - Loss of status following retirement and negative ageist attitudes leave many seniors feeling that their capacities and experiences are not valued - Love and respect from family members is seen as essential to seniors' well-being and an important part of reducing isolation and loneliness - Mixed neighbourhoods (with older people and younger families) were seen to help reduce isolation and support intergenerational relationships - Winter months exacerbate isolation as it is hard to get out and difficult to connect with neighbours and the broader community - Volunteer opportunities in the community are cited as an important way to mitigate isolation. These opportunities become more limited as seniors age and are less mobile <p>Media review of representations of older adults in Calgary²⁴</p> <ul style="list-style-type: none"> - This report was completed as part of the CHR's development of a social marketing plan around healthy ageing - It included a review of local print media that indicated that housing, care facility abuse, ailments and medication, and physical activity were among to top stories presented in the media over a 3 month period - Content analysis of two local papers yielded themes about the representation of seniors that seem to vacillate between two extremes from vulnerable to extraordinarily active and independent. Themes include: financially vulnerable, physically vulnerable, physically active, entitled, passive, whiners and complainers, a burden, isolated and socially active <p>Overcoming Ageism in Active Living²⁵</p> <ul style="list-style-type: none"> - Sedentary living is the biggest threat to healthy aging - Moderate physical activity everyday leads to an array of physical, social, psychological and cognitive benefits - 91% of the population understands the importance of an active lifestyle yet only 14% of seniors in Canada are sufficiently active. - 67% of women and 54% of men over 65 are lacking in adequate physical activity 	<p>2007 Outstanding Calgary Seniors Awards This was the third year of the event supported by the City of Calgary. Awards are presented in partnership with the Calgary Chapter - Alberta Association of Gerontology. The awards are planned and nominations reviewed by a panel of seniors.</p> <p>Seniors Week 2008 This is a week long celebration of older adults in Calgary. It is a partnership between the City and the Provincial Seniors Ministry and supported by a number of seniors' service agencies.</p> <ul style="list-style-type: none"> - Will be held June 2-8th this year <p>Connecting Seniors Cultural Festival</p> <ul style="list-style-type: none"> - Third annual festival took place in August 2007 - 800 seniors and volunteers attended this festival to increase social inclusion of seniors from different cultures, encourage volunteerism and develop informal support networks - Staff for Senior's Services Division supported the planning and organizing of the event <p>Theatre to Reach Isolated Seniors The City and Jewish Family Services are working with a group of seniors to address issues of social isolation through the Theatre of the Oppressed productions.</p> <p>Snow Angles This is a social marketing initiative of the City of Calgary to encourage community residents to clear snow from the sidewalks of their neighbours</p>

- Ageism, social discrimination based on chronological age, is a significant contributing factor to seniors unwillingness to engage in regular, moderate activity
- Ageism is present in most sports and recreational activities. Older people do not feel welcome or included
- Author suggests that mandatory retirement policies force an artificial lifestyle landmark at age 65 to disengage socially, emotionally and physically

Literature review of ageism²⁶

- Ageism is described as the process of systemic stereotyping and discrimination against older adults
- A few of the most prevalent outcomes of ageism for older people are isolation from the community, inadequate housing and income, unnecessary institutionalization, untreated mental and physical illness and suicide
- Historically ageism has received very little attention but with the +65 population expected to almost double in Canada over the next 25 years (13% to 25% by 2031) more and more attention is being focused on issues related to ageism
- Ageism is both a socio-cultural and psychological phenomena. There is a vast body of evidence that points to historical developments over the past century that have contributed to ageist attitudes and also psychological processes that encourage stereotyping in general and ageism in particular
- Negative stereotypes about older people range from assumptions about illness, impotence, ugliness and mental decline to perceptions of uselessness, isolation, poverty and depression
- Ageism manifests itself in many complex ways. There are institutionalized forms of ageism in health care and employment. In health care the belief that continual decline is inevitable leads to disease and symptom management rather than health promotion and proactive intervention. In employment age discrimination is particularly salient in hiring and training, older applicants are less likely to be hired and older employees less likely to be provided with training
- There is also ageism in social interactions in which older people maybe over accommodated for or they are isolated from interactions with other age cohorts
- Research suggests that ageist stereotypes, prejudice and discrimination have shown to negatively affect confidence and self esteem, coping skills, cognitive performance, physical functioning, self efficacy, motivation, longevity and mortality rates

if they are unable to do so. It is intended to foster a broader sense of community caring and to support isolated seniors.

Intergenerational programs in Calgary

In 2005, there were 71 intergenerational programs in Calgary and in a telephone survey of 142 agencies the majority of respondents indicated a desire to see more programming. There are a number of gaps and barriers to programming that need to be addressed. These are largely attributed to insufficient skills and resources to offer effective programs.

Calgary Seniors Resource Society

- Offers services to help seniors live with an enhanced quality life. All of the programs are designed to reduce isolation and enhance inclusion of seniors
- Programs include Friendly Visiting, Seniors' Social Link, escorted transportation and telephone reassurance
- Primary focus is on low-income, isolated and at-risk seniors. The CSRS relies on a core staff of social workers and the assistance of hundreds of volunteers

- Critical strategies to reduce ageism have been identified that include:
 - Sustained and meaningful intergenerational contact
 - Presentation of stereotype inconsistent information and facts about aging
 - Increased emphasis on the heterogeneity of older adults
 - Increased social roles for older adults
 - Increased public exposure to aspects of ageing that make us feel ill at ease

As ageism is shown to have a significant impact on health and wellbeing of older adults, reducing this discrimination will be an important part of health promotion and healthy ageing strategies.

Calgary and Region Socio-Economic Outlook 2005-2010

- It is estimated that the number of seniors with activity limitations will increase by 17% to 57,122 between 2005 and 2010. This will result in an increased number of seniors who are isolated as well as increased pressure on City facilities that are not universally accessible
- Fear of injury from environmental factors (snow and ice) and poor sidewalks affect the ability of seniors to access the community and participate in society
- Access to transportation is a major contributing factor to seniors' isolation

Intergenerational Programming²⁷

- Intergenerational programs aim to address growing age segregation and isolation of older persons and children/youth and promote positive interactions between the generations
- Intergenerational programs bring different generations together in mutually beneficial, planned activities; they increase cooperation and exchange between generations via sharing of knowledge, skills and experiences; they can benefit both communities and individuals
- Intergenerational programs vary greatly in focus, goals, target populations and settings. They may focus on mentoring or friendly visits, joint community projects or mutually enjoyable activities
- Literature indicates positive outcomes for both senior and youth participants in the reduction of negative stereotypes and attitudes, increased skills and knowledge and contributions to health and well-being (increased self esteem, reduced isolation)
- Emerging guidelines for best practices include:
 - Programs have clear objectives and are designed to fulfill a specific,

identified need or purpose

- Participants and larger community have a role in program design & planning
- Program design takes into account contextual factors (familial, community, cultural contexts)
- Successful activities are purposeful, engaging, developmentally appropriate, meaningful for senior and youth participants and stimulate learning, dialogue and interaction

Seniors Centres Funding Report²⁸

Study to review the financial status of seniors centres in Alberta.

- There are more than 400 seniors centres in Alberta, 209 of these responded to the survey
- More than half of respondents were financially viable but most rely on volunteers
- Challenges included declining memberships; aging volunteer base; insufficient funds to pay staff; cost of operating aging facilities; and lack of stable FCSS funding for seniors centres.

The study produced funding recommendations to the Minister of Seniors and Community Supports that include:

- The government should take measures to ensure all seniors centres are aware of all potential sources of financial support
- The government should provide support to seniors centres to meet their rising but varied operating costs

9.0 ELDER ABUSE

Summary of Research	Current Initiatives and Agencies Involved
<p>Report on Elder Abuse (2007)²⁹</p> <ul style="list-style-type: none"> - In the fall of 2007 the National Seniors Council held 5 regional meetings with 50 experts and stakeholders to discuss the nature and extent of elder abuse in Canada - Elder abuse is defined as <i>a single or repeated act, or lack of appropriate action, occurring within a relationship where there is an expectation of trust, which causes harm or distress to an older person</i> - Elder abuse can affect any older person, however, some seniors may be at more risk than others: those who are older; female; isolated; dependent on others; cared for by someone with an addiction; seniors living in institutional settings; and those who are frail, who have a cognitive impairment or a physical disability - It is difficult to estimate the prevalence and incidence of elder abuse in Canada because of under-reporting, confusion about what constitutes abuse, limitations in victimization surveys and police statistics, or a general lack of awareness about the issue. Nonetheless, available data suggests that between 4 and 10 % of older adults in Canada experience some form of abuse. Financial abuse is cited as the most common form of abuse - Six themes that play a role in addressing elder abuse emerged from the regional meetings. These are: <ul style="list-style-type: none"> - Awareness: increasing awareness of elder abuse was identified as an important first step. There are awareness activities underway across the regions. Participants suggested that the federal government could launch a national public awareness campaign similar to ParticipACTION - Knowledge transfer and information dissemination: effective communication of best practices, research and intervention strategies need to be enhanced to support efforts to combat elder abuse. Participants suggested that the federal government launch and support an annual national symposium on elder abuse that would allow for knowledge transfer, education and information dissemination - Training: Training on elder abuse is essential for professionals who provide care and services to seniors. Need to invest in future training of health care, social service and criminal justice professionals. National Initiative for the Care of the Elderly (NICE) is a national network of researchers and practitioners involved in the care of older adults through medicine, nursing, 	<p>The Alliance to End Violence has produced a toolkit that teaches people how to host an “awareness café” on elder abuse that includes key messages and questions to encourage discussion about how to recognize elder abuse</p> <p>Action Group on Elder Abuse (AGEA) Established in 2004 and consisting of 17 organizations, AGEA has monthly steering committee meetings and uses a collaborative approach to respond to elder abuse in Calgary. Its current work involves engaging organizations in elder abuse training, building capacity in responding to elder abuse; increasing involvement of older adults in the work of AGEA; and developing awareness of elder abuse in communities.</p> <p>Alberta Elder Abuse Awareness Network The network is comprised of partners across 8 municipalities in Alberta as well as several provincial Ministries.</p> <ul style="list-style-type: none"> - Goal is to increase awareness of the issue of elder abuse and to build capacity of communities to respond. - Working to share information across the province. - Developing a service provider website. <p>Canadian Network for the Prevention of Elder Abuse A national organization that consists of professionals representing a number of disciplines from across the country—social work, academia, community organizations and elder abuse</p>

social work and with other allied health professionals. NICE could be used as a training vehicle

- **Research:** should be included as one of the activities in an overall action plan. Types of research that would enhance understanding of elder abuse include:
 - updating information on causes, incidents and prevalence
 - examining association between mental health issues, substance abuse and elder abuse
 - examining consequences of elder abuse
 - investigating possible impact of ageism on elder abuse
 - designing an evaluation framework for tools and interventions to detect and respond to abuse
- **Resources for community response to elder abuse:** resources must be allocated for action at the community level. The 2007 increase in funds for national and regional elder abuse awareness projects under the New Horizons for Seniors Program (NHSP) will help to provide these resources. However, the parameters of the community-based funding provided by NHSP (one-time grants) can not sustain the continuation of promising local projects that address elder abuse
- **Legal Considerations:** there are a number of legal remedies in Canada under the Criminal Code and provincial and territorial frameworks that can effectively deal with elder abuse and experts advise that changes to legislation is not necessary. It is necessary however to raise awareness among social workers and law enforcement professionals of these legal tools. Legal aid should be more widely available to low income seniors and/or for those who have been abused so that income is not an impediment to accessing legal services
- Participants at the regional meetings are looking to the federal government to take a leadership role on the issue of elder abuse at a macro level, recognizing that delivery occurs at the provincial, territorial and community levels
- The National Seniors Council made a series of recommendations for action to the federal government under each of the thematic areas. These recommendations are contained as Appendix B of this report

Response to Elder Abuse in Alberta³⁰

A research project initiated by AGEA as a result of concerns about a general lack of knowledge of the issue, the services available, and the mechanisms by which alleged incidents can be reported. Findings are grouped under three

consultants affiliated with provincial governments—who volunteer their time to raise awareness, share information, educate people on how to recognize elder abuse and stimulate research.

The Toronto Declaration on the Prevention of Elder Abuse (WHO)

- A call to action that was prepared at an expert meeting in Toronto in 2002
- Contains a number of guidelines to initiate action to combat and prevent elder abuse

World Elder Abuse Awareness Day (June 15)

- Has been recognized by the federal and provincial governments since 2006.
- Suggestions being made that WEAAD become part of the United Nations formal calendar.

Victim Focused Services in Calgary³¹

Main victim services in the Calgary area include:

- Awo Taan Native Women's Shelter Crisis Line
- Senior Liaison Program: Calgary Police Service
- Sheriff King Home Crisis Line
- Calgary Women's Emergency Shelter Crisis Line
- The Alex Seniors' Community Health Centre
- FCSS Funded Seniors Outreach Services
- CCIS: Immigrant Seniors Services
- Kerby Rotary House Shelter
- Distress Centre: Seniors Crisis Line
- OWLS (Older Women's Long Term Survival Project)
- Action Group on Elder Abuse (AGEA)
- CSRS: Seniors Connect

categories: Legislation, Victim Focused Services in Alberta and Victim Surveys and Interviews

Legislation: Project included a comprehensive legislative review and concluded that the legislative framework is relatively deficit in its ability to guard against and respond to allegations of abuse and neglect. Recommendations for change included:

- Strengthen social infrastructure to support legislation. Legislation is ineffective if the supports to carry out the legislation are lacking
- Implement provisions to address misconduct of guardians and identified caregivers
- Develop training programs and support systems for caregivers/guardians
- Create Emergency Protection Orders that are specific to seniors
- Create legislation that addresses people aged 50-64 years; some people in this age group have significant issues but insufficient access to services
- Create a provincial program in Alberta, with one central contact number to be used in cases of suspected or observed elder abuse
- Provide government-funded legal resources for victims of elder abuse who cannot afford legal services
- Create a registry for personal directives

Victim Focused Services in Alberta

Findings from the study suggest that there are many excellent initiatives currently taking place across the province. Needs vary widely across the province but the report provided a number of recommendations that apply to all locations:

- Increase public education
- Increase awareness of available services and make service information more accessible
- Build strong network among agencies. Coordination and networks of services are most effective in responding to elder abuse
- Increase senior specific services, particularly shelters for both men and women. Seniors report being most comfortable accessing services that existed specifically for them and that are staffed by older people
- Address rural communities. Further research needs to be conducted about incidence and services in rural communities.
- The study compiled a comprehensive directory of services in Alberta that can be found at www.ucalgary.ca/~crilf/sub/research.html

Victim Survey and Interviews

The study included a self-report survey by seniors who had been victims of elder abuse and provides insight into the experiences and perceptions of those who had used the services and been through the reporting process in Alberta.

Conclusions and recommendations from these surveys include:

- Educate seniors about what abuse is and what they (as victims) can do. Seniors need comprehensible and practical information about reporting and accessing support
- Strengthen positive relationships between seniors and police and other authorities
- Educate frontline service providers, health care professionals, clergy, and the community at large about what to do if abuse is suspected, observed, or disclosed by seniors with whom they may be in contact
- Develop more senior specific services
- Develop financial supports to assist seniors in need. A main issue that prevents elderly victims from reporting is the fear of being homeless

10.0 CAREGIVING

Summary of Research	Current Initiatives and Agencies Involved
<p>Seniors in Calgary (2002)</p> <ul style="list-style-type: none"> - Family caregivers are individuals who provide extraordinary, uncompensated care, predominantly in the home setting, involving significant amounts of time and energy for months or years - In Calgary, as elsewhere, the vast majority of support provided to seniors is by family caregivers. Without the support of family caregivers health and social service delivery systems would collapse - Women (wives and adult daughters) are more likely than men to provide eldercare and spend more time at eldercare tasks - Women are four times as likely as men to loss time at work and/or leave their job because of eldercare demands - Caregiving can be rewarding but can also lead to significant levels of emotional and psychological stress for the individual providing the bulk of the care. Caregiving tasks are often physically, emotionally and financially demanding - Approximately half of older people with dementia live in the community with family caregivers. These caregivers are twice as likely as caregivers of seniors with physical impairments to be providing constant care. More than 1/3 of them have been providing care for more than 15 years. These caregivers report physical stress and high levels of emotional stress as a direct result of these responsibilities - Respite care addresses one of the most pressing needs identified by families, providing temporary relief to the full time care giver <p>Caregiving in the CHR Strategic Plan for Seniors</p> <ul style="list-style-type: none"> - The aging population translates into an increased requirement for individuals to care for family members, friends, and neighbors with chronic health problems or disabilities - It is estimated that they provide up to 80% of all home care to seniors and up to 30% of services to seniors in institutional care. Changing demographic patterns that include mobile, smaller and geographically dispersed families dramatically impacts the ability of relatives to participate in the care of functionally impaired family members - Many spousal caregivers are seniors themselves and may have failing health exacerbated by the strains of caregiving 	<p>The Family Caregiver Centre, the first of it's kind in Alberta, is an initiative of the Calgary Health Region in partnership with the Calgary Health Trust. The Centre was opened in 2000 and provides information, family care giver education, supportive counselling, and community development. It supports family caregiver week every year.</p> <p>CHR Strategic Plan for Seniors Health includes support for family caregivers as one of its 12 strategic directions over the next 5 years.</p> <p>RAPP is conducting extensive research into the impact of care giving one family caregivers.</p>

- Research has demonstrated that caregiving can have substantial negative consequences with work (e.g., reduction in hours and/or income) and a detrimental effect on the mental and physical health of the caregiver
- It is critical that family caregivers receive adequate support to enable them to maintain their own health and carry on in providing care to their loved ones. This is instrumental in enabling seniors to continue to live in the community
- Federal, provincial and regional health policies do not provide support for caregivers that is reflective of the critical role these caregivers play in the overall health care system

Characteristics and consequences of family/friend care³²

A study completed by RAPP using Statistics Canada 2002 General Social Survey Data. Examined a sample of people +45 who were caring for an older adult with long term health problems. Findings included:

- In 2002, nearly 1 in 5 (19.5%) Canadians aged 45+ provided unpaid care to a senior with long-term health or activity limitations, slightly less than the 22.5% of Albertans who did so
- More than half of caregivers were female, about 5 in 6 were aged 45 to 64 years, about 3/4 were married and living in urban areas (more so in Alberta), and about 60% were caring for close kin
- Approximately 75% were employed, about 25% were caring for more than one person, and every 1 in 6 had children under 15 years of age living at home
- Many caregivers reported that providing care to an older adult affected their physical health, their social well-being, and/or their emotional well-being
- Caregivers in Alberta experienced the greatest economic consequences. 8.4% of Canadian care givers compared to 11.1% of Albertan caregivers lost income because of their caregiving duties
- While most provinces and territories have recognized job protection in their employment standards legislation as part of the Compassionate Care Benefit for those providing end-of-life care, Alberta and the Northwest Territories have not yet done so
- Because labour standards are shared between the federal and provincial governments, there is a need to coordinate the benefits to employed caregivers among provincial and federal policy jurisdictions
- Other policies are needed to help caregivers in other circumstances

Alzheimer's Caregiving in Canada³³

This report summarizes Canadian research on caregiving for individuals with Alzheimer's Disease and provides an overview of results and themes emerging from this research. Key findings include from the study include:

- Families and friends are the main source of caregiving in Canada (75-85% of all care for frail seniors is provided informally and mostly by women)
- Community dwelling older adults with dementia receive an average of 63 hours of informal assistance a month from their primary caregiver
- The economic impact of taking time off work, lost and postponed career opportunities, and the loss of a job all have detrimental effects on caregivers' long-term financial well-being. Caregivers are often left with little option but to take sick and vacation days and time without pay to meet their caregiving responsibilities
- Eligibility for the Caregiver Tax Credit excludes spousal care-givers, caregivers who do not reside with the care recipient and caregivers of individuals with an income that exceeds \$15,453. Consequently, 90% of Canadian caregivers are ineligible for this tax credit, which has a maximum amount of \$560
- Studies need to evaluate community-based strategies that target families of caregivers, formal care providers, communities and policy-makers. Research needs to focus on systems of community care that support caregivers, such as dementia care networks, local Alzheimer's societies, and relationships between central and local governments
- Future research in a number of key areas is identified to include: patterns of caregiving (who provides care and how); negative aspects of caregiving; positive aspects of caregiving; interventions for Alzheimer's caregivers; and increasing capacity

Canadian Caregivers of Persons with Dementia³⁴

An extensive study of caregivers in the dementia context. Includes an examination of demographics of caregivers, caregiver experiences, coping strategies and recommendations.

- In 2000, it was estimated that there will be approximately 60,150 new cases of dementia in Canada each year and that the sizable majority of these cases will be persons living within the community
- Almost all of the individuals living in the community (94%) are cared for by family and friends. 70 % are women, either wives or daughters
- 41 % of these caregivers live alone or with the person with dementia and just 1/3 of Canadian caregivers are employed

<ul style="list-style-type: none">- The older adult population is growing ethnically and culturally at a faster rate than the general population. Different norms and values may exist within these groups and there is a need to extend our understanding of the context of dementia to these groups- Men are more likely to reduce their hours of care in the face of competing familial demands. Women often find ways to accommodate the additional responsibilities- Caregiving for someone with Dementia has significant implications for the psychological health of the caregiver. Depression and loneliness are common- Dementia caregivers experience greater negative work complications than other types of caregivers- Caregivers are often faced with the loss of friends, families, freedom, privacy and leisure opportunities- The combination of the rapid increase in the number of people with dementia and the negative consequences in their caregivers has led advocacy groups to identify dementia as an international health priority for both persons with dementia and for their caregivers	
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11.0 DIVERSE SENIORS

Summary of Research	Current Initiatives and Agencies Involved
<p>Relatively little data related specifically to immigrant or aboriginal seniors was submitted by organizations in the sector. Almost all of the information was statistical in nature and derived from Statistics Canada reports.</p> <p>Statistics Canada information about Aboriginal Seniors³⁵</p> <ul style="list-style-type: none"> - In Canada in 2001, only 4% of Aboriginal people and only 3% of Inuit were 65 or older. Aboriginal seniors made up only 1% of Canada’s total seniors population - In Alberta, Aboriginal seniors account for 1.4% of the total seniors’ population - There are more women (54%) who are aboriginal seniors than men (46%) - Aboriginal seniors are younger than non-aboriginal seniors. Only 1% of the Aboriginal seniors’ population is over 75 - As with the general population the number of aboriginal seniors will increase in the next decade going from 4% to 6.5% of the total aboriginal population - One in three North American Indian seniors and 62% of Métis seniors live in urban areas; this is much lower than in the general population - About half of all Aboriginal seniors lived on a reserve - Aboriginal languages are much more prevalent among Aboriginal seniors than their younger counterparts - Unemployment rates among Aboriginal seniors are double that of non-Aboriginal seniors (13% compared to 5%). Most employed Aboriginal seniors work part time or part of the year - Income levels are also lower. The majority of off reserve Aboriginal seniors reported having some sort of social supports - In 2001, about 9% of all Aboriginal seniors were living in overcrowded and sub-standard homes - Health status is lower than in the general population with 70% of off reserve Aboriginal seniors reporting disabilities <p>Statistics Canada information about Immigrant Seniors³⁶</p> <ul style="list-style-type: none"> - Immigrants represent a considerably large group among seniors. In 2001, 29% of 65 to74 year olds and 28% of 75-84 year olds were not born in Canada. Many immigrant seniors, and especially more recent immigrants, have different characteristics and may have had different life experiences than 	<p>Community Assessment with Eritrean Seniors Seniors Services Division of the City is working with the Calgary Immigrant Aid Society to reach seniors from the Eritrean community. One focus group has been conducted to identify issues. Further community engagement is planned to develop strategies to address issues that were identified.</p> <p>Connecting Seniors Cultural Festival Third annual festival took place in August 2007.</p> <ul style="list-style-type: none"> - 800 seniors and volunteers attended this festival to increase social inclusion of seniors from different cultures, encourage volunteerism and develop informal support networks. - Staff for Senior’s Services Division supported the planning and organizing of the event. <p>Grandparenting Across Cultures The City supports this project that brings together grandmothers from culturally and linguistically diverse backgrounds. There are currently 3 groups (Sudanese Seniors, Cambodian Seniors and the Ahamadiyya Muslim Women’s Group) taking part in ESL and exercise classes.</p> <p>Health Action Theatre by Seniors The City supports this project to educate service providers about issues facing immigrant seniors and strengthen their capacity to work with seniors from diverse backgrounds. Seniors are supported to create and deliver plays that describe their challenges and strengths.</p>

those born in Canada

- They may have had different labour market experiences, needed to learn a new language as adults, tended to live in more urban areas and may have closer community ties
- In Canada, 7.2% of seniors belong to a visible minority group (39% of this group were Chinese). In Calgary 14.6 % of the seniors population belongs to a visible minority group. This figure has grown 5 times since 1981
- Most of the seniors who arrived in Canada before 1961 can speak one of the two official languages. However, 50.2% of immigrant seniors who arrived between 1991 and 2001 cannot speak English or French
- Recent immigrants are more likely than other seniors to need another person's help to accomplish the tasks of daily living (prep meals, do housework, get to an appointment, and look after personal finances or run an errand). Although these seniors need more assistance they are less likely to receive home care that is entirely or partially funded by government. Only 10% of recent immigrants who needed help received services from the government
- Recent immigrants are less likely to have health insurance, only 14 % had insurance of any kind in 2001
- Recent immigrants experience higher unemployment rates, lower earnings and greater difficulties in matching their qualifications with their employment than immigrants arriving before 1991
- In Canada, among female immigrants aged 65 or older who lived alone and arrived in Canada after 1990, 71% were in low income situation
- However, recent immigrants are much less likely to live alone than long term immigrant or Canadian born seniors. 63% of recent immigrant seniors rated their sense of belonging to their family as very strong
- 65% of recent immigrants who are seniors and in need of on-going care receive this care from informal sources (this figure is 44% for other seniors)

Calgary and Region Socio-Economic Outlook 2005-2010

Major issues facing immigrant seniors in Calgary include:

- Isolation, particularly for older immigrant women
- Language and cultural barriers
- Lack of community associations
- Inability to navigate systems and significant barriers to accessing information, services and resources.

12.0 ACCESSING SERVICES & INFORMATION

Summary of Research	Current Initiatives and Agencies Involved
<p>Elder Friendly Community Report (2001)</p> <ul style="list-style-type: none"> - Seniors reported a preference for personal assistance to brochures and telephone or web-based information - Health care and social service systems were perceived as a confusing morass of programs, benefits and restrictions - Efforts to access information and/or services was seen as contributing to the stressfulness of many seniors circumstances <p>ElderNET community consultations³⁷ ElderNET has conducted three community consultations have taken place since 2003. October 2003, May 2006, and November 2007. Each consultation has highlighted different issues. Housing, income and coordination of services were indicated as priorities at the 2007 session.</p> <ul style="list-style-type: none"> - Accessing information about services is a major concern among seniors in Calgary. Information is not readily available and when it is available is often hard to decipher - Accessing the variety of systems is very complicated (i.e., filling out forms for income supports from government) - There is a perceived lack of coordination among service providers - Family caregivers also find it difficult to locate and access services. It is unclear what is available byway of respite support and how to access this support - Some seniors find it very difficult to ask for the help that they need - Focus group participants in this study suggested decentralizing information resources (doctor’s offices, shopping centers, drop in and community centers) as an approach to improving access <p>Calgary Seniors Resource Society (Outreach Statistics 2007 - 2008)³⁸</p> <ul style="list-style-type: none"> - Majority of clients using the outreach services are looking for support with financial issues, physical health issues and issues around housing and home support - Numbers using the service are increasing significantly - Number of seniors participating in the SeniorConnect education programs is also increasing significantly (200 participants in early 2007 up to 600 participants a year later) 	<p>Seniors Directory of Services (2008) This annual directory is prepared by the Kerby Centre with support from the City of Calgary. It provides a comprehensive list of service for seniors in the Calgary area with a brief description of services provided and contact information.</p> <p>Seniors Housing Forum One day forum to be held at Mount Royal College to enable seniors and their families to get information about:</p> <ul style="list-style-type: none"> - Helping seniors to stay in their homes and communities - Community supports and resources - Seniors housing options in Calgary <p>Seniors’ Outreach (CSRS) CSRS provides outreach services to the northeast, Beltline and southeast parts of the City. Registered social workers work with seniors (+55) in these areas to help them deal with a variety of issues that may decrease the seniors’ ability to live independently.</p> <p>Seniors Connect Program (CSRS) Initiated by the City in 2004, this program is now housed in the Calgary Seniors’ Resource Society. The program trains “connectors”, people who regularly encounter seniors in the community, to call the Senior Connect number if they have concerns about a senior’s well-being. An outreach worker will then make a follow up visit to the senior and make the appropriate referrals.</p>

<ul style="list-style-type: none"> - The number of community members trained to support seniors (Connectors) has more than tripled in the past year (less than 100 to more than 300 individuals) - Connector referrals relate to range of issues, mostly physical and mental health. This year the number of referrals about housing, the condition of a seniors home and elder abuse have increased substantially 	<p>Seniors Resource Fair</p> <ul style="list-style-type: none"> - Annual event held by the Calgary Chapter - Alberta Association of Gerontology. - More than 100 organizations participate. <p>Website for Diverse Seniors</p> <p>Seniors Services Division of the City is currently working with partners to develop a comprehensive website as an information source for diverse seniors who are newcomers to Calgary.</p>
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13.0 RESEARCH & ADVOCACY

Summary of Research	Current Initiatives and Agencies Involved
<p>Extensive research in a variety of areas related to seniors undertaken by the University of Alberta's Research Centre on Aging Policies and Practices (RAPP)³⁹</p> <p>The Kerby Centre of Excellence and Network in Applied Gerontology⁴⁰ This is a collaborative project begun in 2001 as a community based initiative to focus on the integration of research, education and service delivery with an overriding goal of keeping seniors healthy and aging successfully. The intent of the initiative is to involve seniors themselves in all aspects of the research completed by the centre.</p> <p>Resilience among seniors was identified as an important focus for research by the centre. A literature review was completed and over 60 seniors were invited to a workshop to generate information about their perceptions of resilience among seniors. The following themes related to resilience in seniors emerged:</p> <ul style="list-style-type: none"> ▪ The importance of social network such as family, friends and support systems ▪ The value of community and ways to meet, get together for recreation and learn ▪ The importance of positive attitude, optimism, sense of humour, determination ▪ The importance of cultural groups and the struggles of language problem ▪ The role of spirituality and inner strength coming from a person's faith. <p>Follow-up work from the workshops was planned but it is not clear from the report if this was implemented</p> <p>Independent Seniors' Advocate⁴¹</p> <ul style="list-style-type: none"> - Alberta lacks a province-wide governmental service to assist and advocate for seniors in the province, making it difficult to coordinate programs and supports for seniors and to monitor and act upon concerns - There are currently 19 provincial government departments involved in the provision of care for seniors. In addition, Regional Health Authorities, municipal governments, police departments, service organizations, private 	<p>University of Alberta (RAPP) Research on Aging Policies and Practices (RAPP) is part of the department of human ecology at the UofA. It support policy development by making policy recommendations based on research evidence and advocating for improved social conditions and a more inclusive society for older adults and adults who have disabilities. Research projects currently focus on care giving and the economic consequences of care giving, rural aging and policy implications</p> <p>The Kerby Centre of Excellence and Network in Applied Gerontology - Continuing to conduct research in the following areas: Baby Boomers & Senior Volunteering</p> <ul style="list-style-type: none"> - Research being undertaken by the Kerby Centre to track the volunteering habits of present seniors and baby boomers - Preliminary research indicates that boomers will not volunteer in the same way as present seniors, at a time when the numbers of seniors and the need for volunteers is increasing <p>Elder Self Neglect Grant application recently completed by the Kerby Centre to the Canadian Institute of Health Research to explore and understand elder self neglect. This research will be conducted in conjunction with the UofC, Community Rehabilitation.</p> <p>Seniors Advisory Council of Alberta Responsible for advising and making recommendations to the province on matters</p>

facility operators and seniors groups also assume some responsibilities for the care of seniors

- The number and diversity of involved agencies has led to omissions, overlaps and an overall lack of coordination. It is also difficult for seniors or their family to know where to access information about services available to them

relating to Alberta's seniors. It is a government appointed body that reports through the Minister of Seniors and Community Supports. The council gathers information on issues important to seniors by consulting with older Albertans and seniors' organizations in communities across the province.

Alberta Council on Aging

- Founded in 1967, Alberta's only umbrella organization representing seniors
- 4000 individual members and 400 organizational members
- encourages research in key areas, mobilizes leadership, distributes information related to aging and supports interagency collaboration

Current not for profit advocacy groups for seniors in Alberta included:

- Coalition of Seniors' Advocates (COSA)
- Seniors' One Voice
- Seniors' Health Council;
- Seniors I Care
- Public Interest Alberta
- Seniors United Now (SUN)
- Alberta Retired Teachers' Association (ARTA)
- Seniors Action and Liaison Team (SALT)

Independent Seniors Advocate

Many groups in Alberta support the establishment of an Independent Seniors Advocate (ISA) as an officer of the Legislative Assembly. It has been suggested that an Office of the Independent Seniors' Advocate (OISA) would support the work of the ISA and would maintain a small staff to carry out necessary responsibilities. In addition to the ISA, one position would be responsible for collecting and updating, in one central location, the considerable resources available in the province to assist seniors in distress.

	<p>The provincial government is considering this proposal and the establishment of an ISA.</p> <p>Advocacy at the Federal level can be directed to the National Seniors Council as the advisory and coordinating body of the federal government on issues related to the well-being and quality of life of seniors.</p>
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14.0 INTEGRATED PLANNING

Summary of Research	Current Initiatives and Agencies Involved
<p>National Framework in Aging (NFA)⁴² The NFA is a federal document prepared in 1998 as a conceptual tool to guide current and future policy and program development. It is designed to address the priorities of seniors and to assist policy makers in reviewing proposed policy changes in response to Canada's changing demographics.</p> <p><i>Principles of the National Framework on Aging: A Policy Guide</i> is a resource to government policy planners, decision-makers and other stakeholders in designing and reviewing policies and programs to address the needs, expressed values and concerns of Canadian Seniors.</p> <p>Special Senate Committee on Aging⁴³ In November 2006, a Special Senate Committee was established to examine and report upon the implications of an aging society in Canada.</p> <ul style="list-style-type: none"> - The committee was asked to look at the issue of aging in relation to promoting active living; housing and transportation; financial security; abuse and neglect; health promotion and prevention; and health care needs - The committee reviewed public programs and services; strategies from other countries; and the appropriate role of the federal government in helping Canadians to age well - The committee heard from a number of experts in the field and in exploring the key issues identified policy and programming questions that arose - The use of an active-aging or healthy aging approach to aging rather than a senior's focused agenda was identified as the most important policy intervention with the potential to have some impact on each of the substantive issues that relate to seniors and the seniors serving system. It is important to note that this does not mean that aging is a health issue but a life course issue - The report defines the issues related to the challenge of aging in Canadian communities and then presents a summary of evidence about this phenomenon. This evidence includes information demographics; seniors at risk; participation in society and economic life; health; housing and transport; and, intergovernmental and federal interdepartmental cooperation. Each section contains a summary of information and then a set of questions for further research 	<p>ElderNET Calgary (ENC)</p> <ul style="list-style-type: none"> - Precursor to ElderNET (SSIP) began in 2003 - Began as an intersectoral, multi-year planning initiative to improve the quality of life of seniors in Calgary - Original partners where the CHR, UW, the City and the University - Became ElderNET in 2006. Currently has a Coordinating Committee composed of representatives from the City, FCSS, CHR, Business, Senior's Organizations, Community representatives by zone and service provider agencies - The Senior's Services Division of the City of Calgary sits on the committees and facilitate the overall process - Currently has a Transportation Planning Table and a Housing Planning Table. The planning tables work to identify key issues and develop community based solutions in partnership with other organizations <p>Calgary and Area Community Development Council An interagency initiative to support and develop community development in Calgary. Some senior's organizations sit on this council.</p> <p>CSRS Partners with Province to Host 2008 Seniors' Services Conference The Seniors' Services Conference 2008 will be held on September 18th & 19th, 2008. This conference is a joint venture between Alberta Seniors and Community Supports and Calgary Seniors' Resource Society, and will provide</p>

- The report contains an excellent overview of the issues and was too comprehensive to adequately summarize in this table. Consideration of the full report would be an important part of integrated planning in Calgary

Integrated Planning Initiatives undertaken by the Alberta Government

The **1997 Long Term Care Review** produced a report, *Healthy Aging: New Directions for Care*⁴⁴, which provided recommendations to the Minister of Health on preparing the health system for an aging population. The report contained 50 recommendations and a new vision for aging in Alberta. In 2000, the Minister announced nine strategic directions for healthy aging and continuing care:

- Promote **healthy aging**
- Modify and enhance **continuing care services** to respond to the aging population
- Implement an improved process for **coordinated access** to continuing care services across the province
- Expand care services in **supportive housing**
- Expand **home care and community care services**
- **Re-generate long term care centres** to meet changing needs of residents
- Develop regional and provincial programs to meet the needs of people with **Alzheimer's Disease and dementia**
- Develop **comprehensive care** for the elderly to address special needs of older adults
- Enhance the skills and **increase the supply of health care workers**

The **1998 Aging Population Study** was a government wide study to review current trends and programs, identify issues and engage Albertans in developing steps to be taken to prepare for the aging population. The study resulted in the report, *Alberta for all Ages: Directions for the Future*⁴⁵. A comprehensive set of recommendations were organized around 8 themes:

- Encouraging wellness, healthy lifestyles and good health care
- Preparing for financial security.
- Promoting more flexible options for work and retirement.
- Ensuring safe, affordable and appropriate housing choices for seniors.
- Encouraging supportive communities.
- Recognizing and supporting informal caregivers and volunteers.
- Preparing the workforce for an aging population.

information on programs and services for seniors in Calgary and province-wide. It is designed to give seniors' service providers a venue for discussion about seniors issues, and to provide networking opportunities with other service providers throughout Alberta

Elder Friendly Communities Project

- Developed through a phased approach that began with an extensive needs assessment in five Calgary neighbourhoods *A Place to Call Home*
- Phase 1 identified eight themes: being valued and respected, staying active, building community, feeling safe, a place to call home, getting what you need, making ends meet and getting around
- Phase 2 is focused on promising community development practices with older adults in their neighbourhoods

Federal Special Senate Committee on Aging Completed its first interim report in March 2007 that includes detailed information about the demographics of Canada's aging population and key issues, as well as identifies questions for further study under each heading.

A second interim report *Issues and Options for an Aging Population* was completed by the Committee in March of 2008. Findings from this second report have not been included in this summary but may be important to review as part of planning efforts by organizations in Calgary.

Next steps for the Committee and actions to be taken by the federal government in response to the Committee's reports are yet to be

- Expanding educational opportunities

The Long Term Care review and the Aging Population Study were the impetus behind the creation of the Seniors Policy Initiative and the development of Seniors Wellness Strategic Framework.

The **Seniors Policy Initiative (SPI)** was created in 2001 as a cross ministry initiative to prepare for the aging population. It involved 18 departments and government entities and was tasked with the preparation of a strategic framework and 10 year action plan: the **Alberta's Healthy Aging and Seniors Wellness Strategic Framework 2002 - 2012**⁴⁶. The framework is based on a population health approach that looks at a combination of interrelated factors, health determinants, which cover a broad range of social, economic and environmental conditions that affect people's overall health. No single health determinant is causal. Health services represent only one factor that has an impact on the health status of a population. Research has shown that other factors such as income and social status have a greater impact. The 12 health determinants are:

- Income and social status; social support networks; education; employment and working conditions; social environment; physical environment; biology and genetic endowments; personal health practices and coping skills; healthy child development; health services; gender; and culture
- The framework is made up of 4 components that work to address many of these healthy determinants and are the Government's goals for healthy aging: promoting health and preventing disease and injury; optimizing mental and physical function; managing chronic conditions; and engaging in life
- The goals will be attained using overarching population health strategies; priorities have been identified for regional health authorities to implement
- The priorities set out in the framework are: vaccination for influenza, prevention of falls, smoking cessation, healthy eating practices, active living, depression, social interactions, community involvement, addictions, medication use, diabetes, and heart disease
- The regional health authorities are required to submit ten-year continuing care strategic plans to address healthy aging in their constituency. The Alberta Health framework will guide these plans. However, specific needs may vary across the regions, requiring other priorities to be addressed. The CHR's Healthy Aging 10 Year Strategic Plan is the Region's response to this provincial requirement

determined.

Implications of an Aging Population for City Services⁴⁷: The City of Mississauga

An interdepartmental survey was conducted to try to assess the impact on City services that will be made by the anticipated shift in the population age structure.

Based on the findings of this comprehensive survey, the City of Mississauga prepared an Older Adult Plan (see next section).

The plan contains a vision, goals, guiding principles and concrete action plans intended to direct the City's efforts to create an age-friendly city where older adults lead purposeful and active lives, in their communities with dignity, integrity and independence.

15.0 INNOVATION

Summary of Research	Current Initiatives and Agencies Involved
<p>Community Development and Service Coordination to Enhance Seniors' Quality of Life: Elder Friendly Communities Program⁴⁸ A comprehensive study funded by the Alberta Heritage Foundation for Medical Research (AHFMR) to look at best practice in community development and service coordination. The study reviewed factors and dynamics in the Elder Friendly Communities Program to identify how this collaboration was affecting community development and service delivery. It describes a set best practices related to collaborative community development with older adults in the following areas:</p> <ul style="list-style-type: none"> ▪ Philosophy and assumptions underlying Community Development model ▪ Entering the neighbourhood ▪ Forming neighbourhood groups ▪ Enhancing seniors' capacity ▪ Sustainability of seniors' groups ▪ Multi-cultural community development practices with older adults ▪ Dynamics of Collaboration <p>These best practices could act as a guide to further efforts at building age friendly communities and strengthening the network of services for older adults.</p> <p>The findings from the study reveal persistent ageism and false assumptions about dependence, disability and incompetence among older adults. Any efforts to promote social inclusion and civic engagement of older adults must be grounded in assumptions about older adults as “untapped resources, whose talents, capacities, expertise and experience we ignore to our collective detriment” (p.135).</p> <p>Older adults are not immune to ageist culture and many have internalized negative attitudes. There is much discussion that the Baby Boomer cohort will be different from previous groups of older adults but the degree to which Boomers will re-invent retirement and the aging experience and transform a persistently ageist culture is yet to be seen.</p> <p>Age-Friendly Cities⁴⁹</p>	<p>Age-Friendly Rural and Remote Communities: A Guide⁵²</p> <ul style="list-style-type: none"> - Guide was prepared for the Healthy Aging and Wellness Working Group of the F/P/T Committee of Officials. Methodology based on the WHO age-friendly cities project - Document is intended to increase awareness about what seniors need to stay independent in rural and remote communities and to provide a practical guide that can be used by these communities to identify barriers and support action for the development of age friendly communities - A total of 10 communities in 8 provinces participated in the focus group research. Communities range in size from 600-5000 people - 10 focus groups of 8-10 people in each community - Discussions focused on the following: aspects of the community that make it age-friendly (advantages); barriers or problems that show how the community is not age-friendly; and, suggestions to improve the problems and barriers identified - Eight aspects of community life were explored in the focus groups and the findings presented in the document (Outdoor spaces and buildings; transportation; housing; respect and social inclusion; social participation; communications and information; civic participation and employment opportunities; and community support and health services. - A checklist specific for age-friendly rural and remote communities was developed as a result

Global population aging and universal urbanization have prompted a movement to create “Age-Friendly Cities”. To this end, the World Health Organization (WHO) in collaboration with the Public Health Agency of Canada (PHAC) has supported research in 33 cities across the globe and prepared a comprehensive guide to creating “age-friendly cities”.

An age-friendly community is defined as having policies, services and structures to create a physical and social environment to support and enable older adults to “age-actively” - that is, to live in security, enjoy good health and continue to participate fully in and contribute to society. It is based on the idea that healthy, active older people are a resource for their families, communities and economies. Age-friendly cities support and enable people to age actively by:

- recognizing the wide range of capacities and resources among older people;
- anticipating and responding flexibly to aging-related needs and preferences;
- respecting their decisions and lifestyle choices;
- protecting those who are most vulnerable; and
- promoting their inclusion in and contribution to all areas of community life.

- Research undertaken to prepare the guide included focus group discussions with people over 60 regarding eight key aspects of city living in 33 cities worldwide. Findings were organized according to themes about the most important features of an age-friendly city
- Eight aspects of city living are: Outdoor spaces and buildings; transportation; housing; Social Participation; Respect and social inclusion; civic participation and employment; communication and information; and, community support and health services. These aspects interact and overlap to determine the age friendliness of a city
- A checklist was prepared for each of the categories that can be used as a guide to planning, policy development and programming

Although relatively high-level, the guide provides important benchmarks that facilitate priority setting and identify areas for specific policy, programming and service delivery initiatives.

Lifetime Neighbourhoods⁵⁰

Building on the concept of ‘lifetime homes’ the International Longevity Centre

of the research

Neither this guide nor the WHO guide attempt to advise how best to implement a plan to develop an age-friendly community. This will be left up to each individual community through the participation of all stakeholders.

Elder Friendly Community Program put into practice many of the innovative principles of an age-friendly community.

CHR Strategic Consultation on Healthy Aging

In October 2005 the CHR invited a range of stakeholders to share research findings and offer input into collective efforts to support healthy aging. Five dimensions of healthy aging were presented for further consideration: physical and mental health and well-being; age discrimination, civic engagement; valuing/inclusion; and isolation.

City of Mississauga: Older Adult Plan⁵³

The plan is based on extensive community research and the principles set out in the WHO age-friendly cities guide. It is expected to assist staff, decision-makers, stakeholders and the general public to determine needs and priorities and make strategic decisions related to older adults in the City of Mississauga over the next 10 years.

The plan sets out 10 principles with specific goals related to each principle. Action plans have been developed to describe what should be done to address the needs identified through the research and achieve the plans goals.

The vision for the Older Adult Plan is: *As an age friendly city, older adults in Mississauga will lead*

(ILC) in the UK, is supporting research into the notion of ‘lifetime neighbourhoods’. There are many similarities and overlap between the concept of lifetime neighbourhoods and age-friendly cities.

Lifetime Neighbourhoods is an approach to community and neighbourhood planning that does not exclude citizens as they age, become frail or are disabled. It is a comprehensive approach to planning intended to address many of the issues raised by an aging population. It includes the following concepts:

- Older people are not only beneficiaries of lifetime neighbourhoods but they have a central role to play in their creation
- They are expected to reap an “age dividend” of improved health, inclusion and participation by people over 65
- Planning for lifetime neighbourhoods will require cross-sectoral planning
- A lifetime neighbourhood is designed to provide all residents with the best chance of experiencing health, wellbeing and inclusion, particularly as they grow older
- The concept of lifetime neighbourhoods is working to support the inclusion of older citizens at the same time maximizing their significant economic and social potential in terms of late-life working, volunteering, caring and civic duties

Determinants of Healthy Aging⁵¹

This is CHR research as part of its development of a social marketing campaign related to healthy aging. Findings include:

- Although aging is accompanied by a general decline in functional ability, there is profound heterogeneity in the aging process. This variability has prompted the search for determinants that predict the maintenance of high levels of functioning and quality of life in older adults
- Health Canada defines healthy aging as “a lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life course transitions”
- Focus group research suggests that older people themselves define healthy aging in a holistic way that includes four components:
 - Having something worthwhile and desirable to do
 - Possessing the required abilities to meet perceived challenges
 - Obtaining the necessary resources
 - Having sufficient will or a positive attitude to “go and do”
- The literature related to healthy aging suggests there are a number of

purposeful and active lives, will live in their community with dignity, integrity and independence, and will experience a diverse range of lifestyle opportunities to pursue personal interests.

The principles and goals of the plan are attached as Appendix C of this report.

interrelated behavioural and psychosocial determinants, these include:

- Healthy behaviors
- Resiliency/adaptive coping style
- Engagement with life
- Positive self-perceptions of aging
- Social support
- Spirituality
- Socioeconomic factors

The inter-relatedness of these determinants suggest that interventions, campaigns and programs designed to positively impact healthy aging need to address a number of dimensions to be effective.

Continuum of Care: Seniors in Calgary (2002)

A comprehensive continuum of care refers to the range of services that are needed in a community to meet the needs of all of its older citizens. It is based on a holistic philosophy of service delivery and has four major components:

- **Access to information and services** is critical to the development of a continuum of care. Access has several dimensions:
 - Barriers to access
 - Access to Transportation
 - Fragmentation of the Delivery Systems
 - Resource Scarcity
- **In-Home Services** are designed to provide assistance to support older adults to continue to reside in the community. Recruitment and retention of in-home support staff is an on-going challenge to the provision of sufficient, quality care.
- **Community Based Services** are the many organizations and agencies that provide services to help seniors and family caregivers to remain independent by meeting their physical, mental and social needs. These include:
 - Seniors Centres
 - Adult Day Programs
 - Family Caregiver Support Programs
 - Primary Health Care
- **Institutional Services** for those who are no longer able to stay in their own homes.

APPENDIX A: CURRENT CHR SERVICES SPECIALIZED TO SENIORS

Seniors Home Care Program

- Adult day support services

Supported Living Services

- Care Centres
- Designated Assisted Living
- Supportive Living
- Personal Care Homes

Specialized Geriatric Services

- Inpatient Geriatric assessment and rehab units at RGH Units 57/58 and PLC Unit 41A
- Inpatient Geriatric consultation services at PLC, FMC, RGH
- Calgary Fall Prevention Clinic
- Cognitive Assessment Clinic (CAG)
- Substance Abuse in Later Life (SAILL)
- Alzheimer Dementia Resource Centre (ADRC)
- Ambulatory Geriatric Assessment Clinics at PLC, FMC, RGH, and Crossbow Clinic
- Carewest Comprehensive Community Care (C3)
- Carewest Day Hospitals, North, South
- Extra Regional Outreach - Telehealth

Geriatric Mental Health Services

- Inpatient Geriatric Mental Health Acute Unit at RGH Unit 48 and 5 beds at PLC Unit 27
- Geriatric Mental Health Outreach Team for clients discharged from RGH Unit 48
- Inpatient Geriatric Consultation Liaison Service at FMC and RGH
- Community Geriatric Mental Health Service
- Geriatric Mental Health Consulting Service for Care Centres and Transition/rehab units
- Carewest Geriatric Mental Health Rehabilitation and Recovery Unit

Healthy Living

Seniors Resource Nurses

APPENDIX B: RECOMMENDED ACTION AGAINST ELDER ABUSE

The National Seniors Council advises the federal government to consider the following summary of areas for action, as suggested during the regional meetings:

Awareness

- Take the lead in developing and implementing a coordinated national awareness campaign.
- Build on the awareness generated by World Elder Abuse Awareness Day.
- Examine the feasibility of proposing that the United Nations formalize World Elder Abuse Awareness Day on its calendar.

Knowledge transfer and information dissemination

- Support the development of a centralized mechanism for knowledge transfer and information exchange.
- Work in partnership with national organizations that have shown leadership in the dissemination of information.
- Launch and support an annual national symposium that would allow for knowledge transfer, information dissemination and education.

Training: Work in partnership with provinces and post-secondary institutions to encourage curriculum development specific to elder abuse and encourage the development of standards for professionals and personal support workers.

Research: Conduct research or enter into partnerships with organizations that conduct research. Some ideas for research include:

- updating existing research on causes, incidence and prevalence of elder abuse;
- examining the association between mental health issues, substance abuse and elder abuse;
- examining the consequences of elder abuse within families, communities and among different ethno-cultural populations;
- investigating the possible impact of ageism on elder abuse; and
- designing an evaluation framework for tools and interventions used to detect and respond to elder abuse.

Resources for community responses to elder abuse

- Provide support for volunteers to build capacity within the voluntary sector to respond to elder abuse.
- Examine the New Horizons for Seniors Program to determine the benefits of multi-year funding arrangements for program stakeholders and re-evaluate the application process to determine how to simplify it.

Legal considerations

- Develop options for working with the public and private sectors (e.g., hospitals and banks) to ensure a better understanding of how to apply privacy legislation.
- Examine federal legislative and legal frameworks to better understand how they may be applied to cases of elder abuse.

APPENDIX C: CITY OF MISSISSAUGA: OLDER ADULT PLAN, PRINCIPLES AND GOALS

Principle #1: Support Individual Needs and Interests of Older Adults

Goal 1.1 The abilities and interests of older adults will be viewed on an individual basis, with consideration to their personal health, work commitments, cultural preferences, and personal perception of one's place in society.

Goal 1.2 In setting program/service parameters (including fees), criteria based on one's age will only apply when absolutely necessary.

Goal 1.3 The City will seek opportunities to advocate older adult needs.

Goal 1.4 Programming will meet the needs of the various segments of the older adult population.

Principle #2: Celebrate Life's Older Years

Goal 2.1 Older Adults will be respected and valued for their knowledge, skills and contributions to the community.

Goal 2.2 The benefits of living in Mississauga as an older resident will be promoted to all age segments.

Principle #3: Traveling Within Mississauga is Possible for All

Goal 3.1 Through a combination of family, friends, members of the community, private businesses, and City transit, older adults will be able to access transportation to reach desired destinations seven days a week.

Goal 3.2 Mississauga Transit will continue to have accessible transit (low floor buses) and transit stop identification (audible and teletype).

Goal 3.3 Where possible, transit stops will be located in close proximity to known origins and destinations of older adults.

Goal 3.4 Wayfinding techniques will be utilized to ensure that local roads, sidewalks, trails and paths are older adult friendly.

Principle #4: Complete Neighborhoods Benefit Older Adults

Goal 4.1 Vital services will be concentrated in nodes or pockets across the City. The definition of vital services will include: medical practitioners, pharmacies, groceries, community organizations, libraries, and leisure programs and services.

Goal 4.2 The City will encourage the clustering of older adult vital services on established transit routes and in accessible locations.

Goal 4.3 Isolated, stand alone residences, services and facilities will be discouraged.

Principle #5: Active Living and Lifelong Learning Enhance Older Adults' Quality of Life

Goal 5.1 The benefits of physical activity and mental stimulation will be promoted.

Goal 5.2 A range of parks, trails, and facilities will be available to support opportunities for physical activity, learning and social interaction.

Goal 5.3 Municipal outreach services will be provided to areas where there are concentrations of older adult housing and/or older adult gathering places.

Principle #6: Older Adults are "In the Know"

Goal 6.1 The City will increase awareness of municipal services, facilities, and programs for older adults through various mediums and partnerships.

Goal 6.2 Key information on older adult programs and services will be communicated in a number of primary languages.

Goal 6.3 City Staff and volunteers will be trained to understand and respond to the variety of older adult needs and physical abilities.

Goal 6.4 Access to City services and information will be maximized at all City facilities.

Principle #7: Public Spaces, Places and Programs are Age-Friendly

Goal 7.1 Products, amenities, facilities and outdoor environments will be developed using universal design principles, and to the greatest extent possible, without future need for adaptation or specialized design.

Goal 7.2 In programming leisure activities, consideration will be given to all types of physical, social, cultural, and mental conditions, including loss of hearing and eyesight, language, immobility, and dementia.

Goal 7.3 The City will facilitate inter-generational programming (including event programming for community activities) to provide opportunities for various older adult age groups and younger generations to participate together.

Principle #8: Age Will Not Be the Sole Determinant in Establishing Fees for Older Adult Services

Goal 8.1 The City will remain fiscally sustainable as the population ages by establishing an ability-to-pay model for most municipal services and supports.

Goal 8.2 Older Adults without the ability to pay will be provided with financial assistance to access municipal services.

Goal 8.3 User fees for municipal services will encourage and support frequent participation; however, older adults must be willing to pay to receive the quality of life benefits of municipal services.

Principle #9: Older Adult Volunteers Contribute Immensely to the Community

Goal 9.1 Older Adults will be inspired to volunteer and to maintain these commitment(s) over time.

Goal 9.2 Volunteer recruitment, training, and recognition will be undertaken and coordinated to support the needs of older adults in the community.

Goal 9.3 The City will encourage older adults to mentor youth in the community.

Principle #10: Partnerships Strengthen Community

Goal 10.1 The City will have a strong civic culture where the community joins together to assist older adults who need help.

Goal 10.2 The City will develop collaborative relationships with community organizations to meet older adult needs.

Goal 10.3 Private businesses who serve the older adult community will be targeted as potential partners in meeting the needs of this segment of the population.

Goal 10.4 Partnerships with health agencies such as the Local Health Integration Network, medical providers and hospitals will be formed to pursue community based programs focusing on health promotion and outreach opportunities.

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